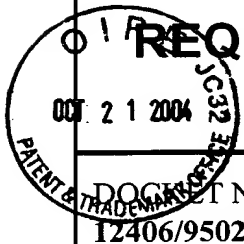


U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE**REQUEST FOR CONTINUED EXAMINATION (RCE)**
TRANSMITTAL FORM (37 C.F.R. § 1.114)

DOCUMENT NO. 12406/9502	APPLICATION SERIAL NO. 09/394,660	EXAMINER Clark F. DEXTER	ART UNIT 3724
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INVENTOR: **Brian J. ROBERTS et al.**

Address to:

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Date: 10-18-2004Signature: Kathlyn M. Card
Kathlyn M. Card (Reg. No. 51,529)

This is a **Request for Continued Examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. **09/394,660**, filed on **September 13, 1999**, entitled **TICKET DISPENSING DEVICE, INSTALLATION AND DISPLAYS**

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

- ☐ Amendment
☒ Information Disclosure Statement and Form PTO-1449
☐ Drawing Changes
☐ Other Submission: _____

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						790.00
TOTAL CLAIMS						0.00
INDEPENDENT CLAIMS						0.00
MULTIPLE DEPENDENT CLAIM						
				*Number extra must be zero or larger	TOTAL	790.00
If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.						SMALL ENTITY
						TOTAL

2. Please charge the required RCE and submission filing fee of **\$790.00** to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
3. The Commissioner is hereby authorized to charge payment of the fees, including any additional fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
4. A duplicate copy of this transmittal form is enclosed.

Respectfully submitted,

Dated: 10-18-2004

By:

Andrew L. Reibman
Andrew L. Reibman (Reg. No. 47,893)

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